

## CHAPERONE POLICY

<b>Staff group to whom it applies:</b>	All staff working in practices/service areas
<b>How to access the document:</b>	Shared Drive and Proactive HR System
<b>Issue date:</b>	March 2017
<b>Version:</b>	1.1
<b>Date of next review:</b>	2 years from issue date
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<b>Approved by:</b>	Integrated Governance Committee - 15 March 2017
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<b>Amendments/Updates:</b>	
Version 1.1	Changes to executive lead names and job titles
<b>Governance Assurance Domains:</b>	Patient Safety

## **1. Introduction**

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

## **2. Guidelines**

Detailed guidelines are included in Appendix 1 of this document.

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service if required.

This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone. Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

### **3. Who can act as a Chaperone?**

A variety of people can act as a chaperone in the practice. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available the examination should be deferred.

Where the practice determines that non-clinical staff will act in this capacity the patient must agree to the presence of a non-clinician in the examination, and be at ease with this. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. They will have received instruction on where to stand and what to watch and instructions to that effect will be laid down in writing by the practice.

### **4. Confidentiality**

- The chaperone should only be present for the examination itself, and most discussions with the patient should take place while the chaperone is not present.
- Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

Click here to link to the latest GMC guidelines for intimate examinations: [http://www.gmc-uk.org/guidance/current/library/maintaining\\_boundaries.asp#10](http://www.gmc-uk.org/guidance/current/library/maintaining_boundaries.asp#10)

### **5. Procedure**

- The clinician will contact Reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
- The chaperone will make a record in the patient's notes after examination. The record will state that there were no problems, or give details of any concerns or incidents that occurred.
- The patient can refuse a chaperone, and if so this must be recorded in the patient's medical record.



## GUIDELINES FOR CHAPERONES

### 1. Introduction

These guidelines should be read in conjunction with the Chaperone Policy. They are intended as an information resource for staff who may be asked to become chaperones, either on a casual (one-off) basis or as a routine role.

All examinations will place patients in a situation in which they may feel uncomfortable, and this may be compounded further by the need to undress, consent to intimate touching or intrusive examination. The presence of a third party may alleviate some of these concerns and provide protection for both patient and clinician.

It is often not known prior to an examination commencing whether a chaperone will be desirable. Often, staff may be called upon to undertake this role without prior warning, not enabling them to prepare. It is essential therefore that chaperones are trained in their role, familiar with what is expected of them in carrying this out, and understand the support aspects of the role for the patient.

Ideally, the clinician will have explained the nature of the examination, the reasons for it, and what is involved prior to it commencing, and will have given the patient the opportunity to have a chaperone present. Alternatively, the clinician may themselves have elected to have a chaperone present for their own security. Either way, it is important for at least one of the persons present that the third party is also there.

### 2. Role

This will vary a great deal, and may be passive (simply a presence in the room) or active (assisting with patient preparation or the procedure itself). It may involve:

- Providing patient reassurance
- Helping the patient to undress or prepare, or helping with clothing or covers
- Assist with procedures (if a nurse or healthcare assistant)
- Helping with instruments
- Witnessing a procedure
- Protecting a clinician
- Being able to identify unusual or unacceptable behaviour relating to a procedure or the consultation
- Being able to identify whether the implied or implicit consent given at the start of the procedure remains valid throughout, and determine whether the attitude of the patient or the clinician has changed

Clinical staff acting as chaperones may be the most appropriate staff group to undertake this role, as they may be able to interpret the procedure / examination, and form a judgement as to whether the actions are appropriate to the investigation or not. This is a fundamental part of the ability to reassure the patient. Wherever possible we will aim to offer a chaperone of the same sex.

As a chaperone you should bear in mind that the patient may decline to have you present (as an individual) whilst still requiring a chaperone generally. This is within the rights of the patient and should be considered as usual, and not a personal slight on your abilities.

Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.

The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.

The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.

### **3. Considerations**

In some cultures, examinations by men (on women) may be unacceptable. Some patients may be unwilling to undress, or raise concerns related to culture. These concerns should be respected and recorded, and in a similar way, if there is a language difficulty, it may be best to defer an examination until an interpreter is available.

Where mental health patients are concerned or those who may have difficulty in understanding the implications of an examination, it may be inappropriate to proceed until more secure arrangements can be made.

There may be instances where, as a chaperone, you may be required to act in this capacity outside the practice (e.g. on a home visit). Where a GP wishes to examine a patient in their own home where another family member may not be present, it may be more important that a chaperone is present, and you need to be aware of your responsibilities in these circumstances (e.g. do you leave the room whilst the examination is in progress to obtain a glass of water from the kitchen?)